U S Department of Labor Office of Labor Management Standards Washington DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No 1215-0188
Expires 11 30 2006

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution fines or civil penalties as provided by 29 U S C 439 or 440



READ THE INS. RUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U	2 Fiscal Year Covered From
	1 / 1 / 2005 Through 12 / 31 / 2005
3 Name and address of person filing	4 Name file number and address of labor organization
Name GERALYN M SNYDER	Name I B E W LOCAL 134
	Labor Organization File Number 035 399 =
PO Box Bldg Room No if any	P O Box Building and Room Number if any
Street 600 WEST WASHINGTON BLVD	Street 600 WEST WASHINGTON BLVD
City CHICAGO	City CHICAGO 25
State Illinois ZiP Code + 4 60661 2940	State [Illinois] ZIP Code + 4 [60661 2940]
5 Position in labor organization BUSINESS AGENT	
ເມິ່ນ ເມລ ດ ໄດ້ຕົວໄດ້ Enter appropriate data below if during the past fisc il year, you or your spouse or minor child directly or indirectly had any of the following interests	
(except as specified in the exclusions set forth in the instructions)	
A Held an interest in engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employ see your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name if any)	7 a Nature of Interest Transaction or Income
Name	
Trade Name If any	
PO Box Bldg Room No if any	f
	7 b Amount
Street	
Cty (11/13 L	
State ZIP Code +4	1 15 1
Signature Pag n g tt	
15 Signature and verification. The undersigned de lares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned s knowledge and belief, true correct, and complete (See the section-on penalties in the instructions)	
Signed Seraly in Anyth	On 1/1/06 3/2 - 474-4172. Date Telephone Number

Name of Person Filing GERALYN SNYDER	File Number U
B Held an interest in or derived income or economic binefit with monetary value from a business (1) a substantial part of which consists of buying from sellin; or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in witch your labor organization is interested	
8 Name and address of Business (including trade name if any)	9 Business deals with
Name AMALGAMATED BANK OF CHICAGO	
Trade Name if any	a Labor Organization b Trust
P O Box Bldg Room No If any	c. Employer
Street ONE WEST MONROE STREET	
City CHICAGO	
State Illinois ZIP Code + 4 60603	
10 If 9 b or 9 c is checked give trust or employer's name	11 a Nature of such dealing
Name	AMALGAMATED BANK OF CHICAGO HOLDS INVESTMENTS AND OTHER BANK ACCOUNTS FOR THE LOCAL UNION
Trade Name if any	e e
P O Box Bldg Room No if any	
Street	11 b Approximate dollar value of such dealing UNKNOWN
City	12 a Nature of interest held or income received
State ZIP Code + 4	1 WHITE SOX GAME 1 MEAL 1 GOLF OUTING
<u> </u>	
	f , 4
	12 b Amount \$320
C. Received from any employer (other than an employer covered under	
C Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	er parts A and B above)
	er parts A and B above)
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant	er parts A and B above) or other thing of value 14 a Nature of payment.
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any)	er parts A and B above) or other thing of value
or from any labor relations consultant to an employer any payment of money 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any) Name	er parts A and B above) or other thing of value 14 a Nature of payment.
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DISCLAIMER

The transactions, dealings and interests that are detailed in the attached LM-30 Report represent my good faith effort to reconstruct the reportable occurrences for the period of January 1, 2005 to December 31, 2005. Accurate records of reportable occurrences were not kept from January 1, 2005 to August 15, 2005, and some or many items may have been unintentionally omitted. If, in the future, it comes to my attention that there exists a transaction, dealing or interest that should have been reported for the period of January 1, 2005 to December 31, 2005, I will immediately file an amended LM-30 Report.

ignature

Date